

Docket No. 180-007

S.N. 09/069,385

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Date of Allowance: December 10, 1999
A. DEAN HOWES ET AL. : Batch No.: F47
Serial No. 09/293,068 : Group Art Unit: 1761
Filed: April 16, 1999 : Examiner: K. Hendricks
For: **NOVEL COMPOSITIONS AND METHODS FOR REMOVAL OF
MYCOTOXINS FROM ANIMAL FEED**

ISSUE FEE DUE AND ADVANCED ORDER

Box Issue Fee
Assistant Commissioner
for Patents
Washington, D.C. 20231

Sir:

Enclosed please find a check in the amount of \$635.00 for the Issue Fee due and an advanced order of 10 copies.

The Commissioner is also authorized to charge any additional required fees for payment of Issue Fee to Deposit Account No. 11-0978.

Respectfully submitted,

KING AND SCHICKLI

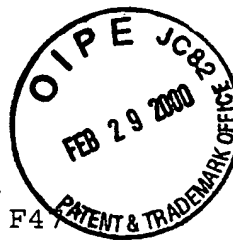
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J. William Seanor, DVM
Registration No. 40,804

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CERTIFICATE OF MAILING

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FEE TRANSMITTAL



TOTAL AMOUNT OF PAYMENT : \$635.00
 SERIAL NO. 09/293,068
 FILING DATE: April 16, 1999
 FIRST NAME OF INVENTOR: A. Dean Howes et al.
 GROUP ART UNIT 1761 BATCH NO.: F47
 EXAMINER K. Hendricks
 DOCKET NO. 180-007

[X] Payment

- [] The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 11-0978 in the name of KING AND SCHICKLI.
 [X] Charge any additional Fee Required under 37 CFR 1.16 & 1.17
 [X] Check

TOTAL CLAIMS EXTRA CLAIMS
 TOTAL:
 INDEPENDENT:

FEE CALCULATION

1. FILING FEES

Fee Code	Fee Description	Fee Paid
101/201 \$790 \$395	Utility Filing Fee	_____
102/202 \$82 \$41	Excess of 3 Ind. Claims	_____
103/203 \$22 \$11	Excess of 20 claims	_____
104/204 \$270 \$135	Multiple Claims	_____
106/206 \$330 \$165	Design Filing Fee	_____

2. ADDITIONAL FEES

105/205 \$130 \$65	Missing Parts	_____
139/139 \$130 \$130	Non-English Specification	_____
147/147 \$2520	Request for Reexamination	_____
115/215 \$110 \$55	Extension of Time - 1 Month	_____
116/216 \$400 \$200	Extension of Time - 2 Month	_____
117/217 \$950 \$475	Extension of Time - 3 Month	_____
119/219 \$310 \$155	Notice of Appeal	_____
120/220 \$310 \$155	Appeal Brief	_____
121/221 \$270 \$135	Request for Oral Hearing	_____
142/242 \$1320 \$605	Utility Issue Fee + 10 copies (\$30.00)	\$635.00
143/243 \$450 \$225	Design Issue Fee + 10 copies (\$30.00)	_____
122/122 \$130 \$130	Petitions to the Commissioner	_____
126/126 \$240 \$240	Submission of IDS	_____
114/214 \$150 \$75	Provisional Appl. Filing	_____
148/248 \$110 \$55	Statutory Disclaimer	_____

J. William Seanor, DVM
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 Customer No. 001009

J.W. Seanor DVM 2/25/00

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

001009 IM62/1210
J RALPH KING
KING AND SCHICKLI
SUITE 210 CORPORATE GATEWAY
3070 HARRODSBURG ROAD
LEXINGTON KY 40503

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/293,068	04/16/99	021	HENDRICKS, K	1761 12/10/99
First Named Applicant	HOWES, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR REMOVAL OF MYCOTOXINS FROM ANIMAL FEED (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 180-007	426-002.000	F47	UTILITY	YES	\$605.00	03/10/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

KING AND
1 SCHICKLI, PLLC
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: ALLTECH, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

NICHOLASVILLE, KENTUCKY

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

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03/02/2000 KZEWIE1 00000083 09293068

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